

1299

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. **3737**
Registrar's No. **136**

1. Place of Death: (a) County **Cochise** (b) City or Town **Douglas, Rural** (c) Location **County Hosp.**
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution **1 day**; In Community **3 yrs.**; In Arizona **3 yrs.**
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State **Arizona** (b) County **Cochise** (c) City or Town **Douglas**
(If outside city limits also write RURAL)
(d) Street No. _____ (e) Citizen of foreign country (Yes or No) **no**
(f) If Yes, which country _____ (g) Social Security No. _____
3. (a) FULL NAME **Mary E. Ferguson** (b) If Veteran name war _____ (c) _____

4. Sex **Female** 5. Race **White** ☒ Indian ☐ Negro ☐ ☐ Oriental ☐
6. (a) Single, married, widowed or divorced **Widow**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased **December 27, 1881**
(Month) (Day) (Year)
8. AGE: Years **66** Months **6** Days **24** If less than one day hrs. _____ min. _____

9. Birthplace **Elmendorf Texas**
(City, town or county) (State or Country)

10. Usual Occupation **Housewife**

11. Industry or Business _____

12. Name **Unknown Seward**
13. Birthplace **Unknown Texas**
(City, town or county) (State or Country)

14. Maiden Name **Mary La Rose**
15. Birthplace **Unknown**
(City, town or county) (State or Country)

16. (a) Informant's own signature **County Hosp. Records**
(b) Address **Cochise Co. Hosp. Douglas**

17. (a) Burial, Cremation or Removal **Burial**
(b) Place **Douglas** (c) Date **July 24, 48**

18. (a) Embalmer's Signature **Brown-Page**
(b) Funeral Director **Douglas, Arizona**
(c) Address _____

19. (a) **July 24 - 48**
(Date received by local Registrar)
(b) **B. E. Harrison**
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) **July 21, 1948**
TIME (Hour and minute) **9 : 25 A. M.**

21. I hereby certify that I attended the deceased from **July 20, 1948** to **July 21, 1948**
that I last saw him alive on **July 20, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Due to **Hypertension**

Due to **arterio sclerosis**

Other conditions (Include pregnancy within three months of death) _____

Major findings: Of operations _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or Town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature **R. J. Montgomery** M. D.
Address **Douglas, Ariz.** Date signed **7/24/48**

DURATION

24 hrs.

3 yrs.

6 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically